

Appendix 5

Bereavement Discharge Form

Form to be shared with relevant Healthcare Professionals prior to the woman's discharge from hospital



Bereavement Discharge Form

To whom it may concern,

Please note the following patient has sadly experienced a pregnancy loss and therefore no longer requires any previously planned appointments

Patient ID Sticker	Discharging nurse / midwife: Date & time:
Contact number:	Is the woman going home to her usual address
Surgery: Community Midwifery Team:	SIP:
Woman birth details	Infant birth details
Date & time of delivery:	Gender (if known): Weight: (if weighed) Baby's name (if known):
Type of delivery:	Nature of loss: Antenatal IUD Intrapartum IUD

		NND	MTOP / Feticide
		Late miscarriage	
G:	P:	Gestation:	MBL:
Additional information (Include all relevant information)			
Perineum:		VTE score:	
Any outpatient follow-up?			
If over 18/40 has the bereavement midwife been informed?			
CMW discharge given to:		Date:	

Please ensure a copy is;

- Filed in main hospital notes
- Shared with bereavement midwives (if >18/40)
bereavementmaternity.HDD@wales.nhs.uk
- Shared with GP
- Shared with radiology
- Shared with antenatal clinic